

STANDARD CERTIFICATE OF DEATH

43671
STATE FILE NUMBER
308

FILED DEC 31 1957

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

308

V. S. 300
Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>RFD/Fulton Mo.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp. 5 wks.</u> | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>Fulton Twp.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Merle</u> Middle <u></u> Last <u>Maloney</u> | | | | 4. DATE OF DEATH Month <u>12</u> Day <u>26</u> Year <u>1957</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Apr. 21, 1887</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u></u> Days <u></u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and state or country) <u>Callaway County Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | |
| 13a. FATHER'S NAME <u>J. Presley Thomas</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Howe</u> | | 14. NAME OF HUSBAND OR WIFE <u>F.N. Maloney</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT <u>J. B. Lamar Fulton Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Monocytic Leukemia (Acute)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2042</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u> | | | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | | 20f. CITY, TOWN, OR LOCATION <u>Fulton Mo.</u> | | COUNTY <u></u> STATE <u></u> | |
| 21. I attended the deceased from <u>1945</u> to <u>death</u> and last saw her alive on <u>12-26-57</u> Death occurred at <u>8:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u> | | | | 22b. ADDRESS <u>Fulton Mo.</u> | | 22c. DATE SIGNED <u>12-28-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12/28/57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u> | | 23d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Dec. 28-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | |

JAN 13 1958

JUN 1 9 1958

JAN 17 1958

Dr. Green

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John Ross*
Licensed Embalmer No. *2555*

P. O. Address *Fullon m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.